

State Consumer and Family Advisory Committee Nomination Form

Note: All completed forms should be sent to:

Ann Remington, Team Leader
Consumer Empowerment Team
Advocacy and Customer Service
3009 Mail Service Center
Raleigh, NC 27699-3009
ann.remington@ncmail.net

NOMINEE INFORMATION

Name: _____

Self nomination _____ or Nominated by _____

Has nominee consented to serve if selected? _____ Yes _____ No

Address: _____

City: _____ **Zip:** _____ **County:** _____

Phone: _____ **E-Mail:** _____

Gender: Male _____ Female _____

Ethnic Background: African-American _____ Hispanic _____ Native American _____ Asian _____
Caucasian _____ Other (Please Indicate) _____

Nominee is a: _____ Consumer _____ Family Member of Consumer (i.e.: parent, spouse, etc.)

Nominee represents which of the following disability groups:

_____ mental health _____ developmental disabilities _____ substance abuse

Relationship to Consumer (if a Family Member) _____

**PLEASE LIST ALL OF THE NOMINEE'S INVOLVEMENTS IN MH/DD/SA IN THE
COMMUNITY** (Check everything that applies)

_____ Member of local Consumer and Family Advisory Committee (name) _____

_____ Local advocacy group(s) (list) _____

Do you work directly or contract with any of the following:

_____ local LME/AP _____ provider agency _____ advocacy group _____ other

(give details of work) _____

Other involvement with your local LME or Providers (explain) _____

NOMINEE'S INTEREST AND QUALIFICATIONS

Please check all areas that apply to applicant:

- | | |
|---|--|
| <input type="checkbox"/> Ability to Influence Policy | <input type="checkbox"/> Recruitment Skills |
| <input type="checkbox"/> Served on other Boards/Committees | <input type="checkbox"/> Email Use |
| <input type="checkbox"/> Telephone Skills | <input type="checkbox"/> Writing/Summarizing Reports |
| <input type="checkbox"/> (Research/Collection of Information) | <input type="checkbox"/> Editing Documents |
| <input type="checkbox"/> Statistics/Survey Development/ | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Evaluation of Surveys | <input type="checkbox"/> Disability Specific Knowledge |

Computer abilities:

- | | |
|---|---|
| <input type="checkbox"/> MS Word Processing | <input type="checkbox"/> Excel Spreadsheets |
| <input type="checkbox"/> Access Database | <input type="checkbox"/> PowerPoint |
| <input type="checkbox"/> Publisher | <input type="checkbox"/> Internet Research |

Please describe the nominee's qualifications to serve on the State Consumer and Family Advisory Committee. Make sure that you include all relevant experience that relates to advocacy, productive team – building, and problem – solving skills:

*(Office use only)*****

Date Received_____Reviewed By_____

Disposition_____

